## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patients Patients (P.O. Box 1450).

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

PUBLICATION FEE (if required). Blocks I through 5 should be completed where

appropriate. All further indicated unless corrects maintenance fee notifica	correspondence including ed below or directed oth	g the Patent, advance or erwise in Block 1, by (a	ders and notification of m ) specifying a new corres			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				e: A certificate of mailing s) Transmittal. This certifus. Each additional paper its own certificate of mai	, such as an assignmen	domestic mailings of the or any other accompanying or formal drawing, mu
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YOUNG & THOMPSON 209 Madison Street Suite 500				I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Ston ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.		
Alexandria, VA	22314					(Depositor's name
						(Signature
						(Date
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/578,089	01/03/2007		Baudry Jacquet		0600-1274	4714
TITLE OF INVENTION PRODUCT FOR SEPAI	N: ORAL COMPOSITI RATE OR CONSECUTIV	ION A FIRST COMPO VE ADMINISTRATION	OSITION (A) AND A SE IN THE COSMETIC TRE	EATMENT OF THE HUN	IAN BOD1	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/02/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
DAVIS, DEBORAH A		1655	424-729000			
Change of correspondence address or indication of "Fee Address" (37 CFR. 1.56).     Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached.     The Address' indication for 'Fee Address' Indication form PTO/SB/1/2 or more recent) attached. Use of a Customer Number is required.			(I) the names of up to or agents OR, alternati	a single firm (having as a member a ey or agent) and the names of up to mit attorneys or agents. If no name is		
PLEASE NOTE: Ur recordation as set for (A) NAME OF ASS	nless an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	THE PATENT (print or ty) data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY MONACO, I	satent. If an assignee is i assignment. Y and STATE OR COUN	dentified below, the de	ocument has been filed
			rinted on the patent):	Individual 🖾 Corporal	tion or other private gro	oup entity Governme
4a. The following fee(s)	) are submitted:	4	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)    A check is enclosed.   B Payment by credit card. Form PTO-2038 is attached.   Director is betterly subtorized to charge the propulo			
	atus (from status indicate ns SMALL ENTITY stat		b. Applicant is no lor	if 1 ger claiming SMALL EN	necessary	
MOTE. The Issue Ees a	nd Publication Fee (if req records of the United Sta	mired) will not be accente	ed from anyone other than			
Authorized Signature Benoît Castel				Date Februa	ary 17, 201	1
Typed or printed name Benoit Castel			10 y 1	Registration No	35,041	
This collection of informan application. Confide submitting the complet this form and/or sugges Box 1450, Alexandria, Alexandria, Virginia 22	mation is required by 37 of mitality is governed by 35 ed application form to th stions for reducing this by Virginia 22313-1450. Do 3313-1450.	CFR 1.311. The informati 5 U.S.C. 122 and 37 CFR e USPTO. Time will var urden, should be sent to to O NOT SEND FEES OR	ion is required to obtain or t 1.14. This collection is es y depending upon the indi he Chief Information Offic COMPLETED FORMS T	retain a benefit by the pulstimated to take 12 minute vidual case. Any comme- cer, U.S. Patent and Trade TO THIS ADDRESS, SEN	olic which is to file (an- es to complete, includir ats on the amount of ti- mark Office, U.S. Dep TO: Commissioner	d by the USPTO to proce ng gathering, preparing, s me you require to compartment of Commerce, P for Patents, P.O. Box 14

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